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Lectures.

LECTURES  
ON  
DISEASES OF THE SKIN.

By M. HARDY, one of the Physicians to the Hôpital St. Louis,  
Paris, (special hospital for diseases of the skin.)

No. 2.

By R. BOLLING, M. D., of Philadelphia.

**DARTRES.**—Of *dartrous affections* in general.—Under this denomination of *dartres* we understand those affections which manifest themselves usually on the skin, having for cause a peculiar vice of the system, that we call a *dartrous diathesis*. The word *dartre* is an old French word, which replaced the Latin and Greek words *herpes*. By these words, which had no precise signification, the ancients designated the chronic diseases of the skin that had a tendency to spread.

This is why the word *dartre* wanted in precision, presenting no other idea than that of chronicity.

When Willan and Bateman wished to clear up the chaos of cutaneous pathology, and arrange with some exactitude and precision the definition of terms under which the diseases were known, they pointed out, without any difficulty, how the word *dartre* was vague and indefinite; but instead of trying to give to it a strict special signification, they thought it useless, and suppressed it from the nosological vocabulary. Nevertheless, in spite of the English school and its representatives in France, Biett, Gibert, Cazenave and Devergie, this proscription was not definitive. Alibert tried, but without much success, it is true, to restore it to its proper place.

This word *dartre* has ever remained with the public under its signification of an inveterate *chronic*, constitutional disease of the skin. It is from the public that we now take it, to restore it to its proper rank and place in cutaneous nosology. But this *place* can only be legitimate and proper, on condition that we give to the expression a precise or exact signification.

We will call, then *dartres*, those affections of the skin of different elementary lesions, not contagious, often hereditary, reappearing constantly from time to time, presenting for principal symptoms, *itching*, disposition to extend, chronic course, the cure taking place without cicatrices, although some of the forms are accompanied with ulcers. From the ensemble of these characters, hereditary tendency, readiness to extend or spread on the surface of the body, &c., we come logically to think that the *dartres* are not only due to a local state, but also to a general disposition of the economy that the ancients called a *dartrous vice*, sometimes even the *dartrous virus*, "*virus dartreux*." This last expression, *dartrous virus*, was clearly improper, for the products of a *dartrous* manifestation have not the essentials of a *virus*, viz: its transmission by inoculation. This *dartrous virus* served a long time as the basis of attacks against the classification of *Alibert*.

We reject altogether the term *virus*, but we cordially adopt the existence of a *dartrous diathesis*, which no one, now-a-days, can deny the reality of, and all must be convinced, that the word *dartres* applies to a very natural family of cutaneous affections.

Often the *dartrous diathesis* is completely latent, but in a great number of cases the at-

tentive observer, even when there is no eruption, can observe particular characters and special symptoms which have not yet attracted the attention they deserve: these I will try to call attention to.

*Symptoms.*—Dartrous persons, although having the appearance of good health, are in a state far from it. Their skin is dry, perspiration difficult and irregular. Often, too, the skin is the seat of violent itchings, even too, in the absence of all eruption. These itchings manifest themselves particularly about the anus, and are sometimes of great intensity. The appetite is good; it is a fact, well known and established, that dartrous patients consume more food than other patients in analogous situations; that is to say, without fever. Another important particularity is the extreme susceptibility of the skin, and the ease with which it is affected by light and passing causes and influences. It may be by a general excitation, as alcoholic excess, sitting up late, use of coffee, of certain food, as pork, lobster, crawfish, muscles, crabs, oysters, clams, etc., etc., or a local excitation, as irritating frictions, application of a plaster, etc., etc., which may give rise to an eruption, often ephemeral and not of a dartrous nature, but which awakens a particular disposition of the economy, and shows the existence of a latent vice, which has need only of a favorable opportunity to manifest itself. This excessive susceptibility of the skin ought to render such persons very choice in the selection of their food, and the physician prudent in the employment of certain local remedies in these affections.

The manifestation of these different phenomena is almost always the indication more or less distant of the dartrous diathesis—at last it breaks out. It is then characterized by different kinds of cutaneous eruptions, vesicles, papules, scales, but their elementary lesions are never isolated, in a manner to form from the eruptions constant anatomical characters. Often they are associated and united for a little while or during the whole course of the disease. This is the reason why we do not attribute to these primitive manifestations all the importance that Willan, Bateman,

Bielt, and their pupils accorded to them. Once developed, *dartres* remain rarely circumscribed to a single point of the surface of the body; they have a great tendency to manifest themselves on several regions at the same time, or to cover a large surface of the body. Sometimes the disease advances by degrees, or develops itself simultaneously, on points more or less distant from one another. Another and more important character of these diseases is the symmetry with which they develop themselves, that is to say, that often they affect two corresponding parts of each side of the trunk or members.

The third character is the existence of itching, which acquires sometimes an intensity which renders it insupportable, in fact a veritable torture for the unfortunate patients, principally in the night when they occasion the most dreadful and enervating insomnia. Ordinarily it diminishes in the morning, but increase towards evening; sometimes there is a burning sensation, very painful, and even lancinating pains.

These different eruptions are generally accompanied with ulcerations, sometimes extensive in surface but not deep, and which cure up always without cicatrices. In certain cases these ulcerations leave behind them violet or redish colored spots, which are nothing but a passing alteration of skin. These spots exist a while and then disappear of themselves completely, the skin becoming as healthy as before. It is this that one sees on the face of young children in cases of impetigo, forming thick crusts, and at which the parents become so frightened, fearing that it will leave scars and cicatrices; they always heal up without cicatrices or any other trace.

We must add, that in some cases principally of the inferior extremities, the dartrous diseases may in disappearing leave bluish or black spots which persist for a long time.

It is not only at the surface of the skin that dartrous affections manifest themselves and extend, for we observe them sometimes spreading along the mucous membranes which are continuous with the external skin.

Thus dartrous affections of the face gain or

extend to the mucous membranes of the eyes, and produce there a specific inflammation, or gaining the mucous membrane of the mouth produce a kind of stomatitis, or extending to the auditory canal produce through inflammation a dryness and hardness which may bring about a slight deafness. Dartrous affections of the lower part of the body extend often to the anus, the bladder, and to the vagina. There results from this latter oftentimes intense leucorrhœa, which should of course be considered of a dartrous nature. We observe also associated with *dartrous* affections some other symptoms of internal disease—a cough, a granulated form of pharyngitis and laryngitis. This has been particularly noticed by MM. Boulaud Fontan and Gueneau de Mussy.

A chronic bronchitis with an abundant secretion of mucous is sometimes observed, gastralgia and gastric enteritis may also be referred to a dartrous diathesis sometimes.

With some patients it will be found impossible to relieve an obstinate cough, etc., except by exciting a cutaneous eruption by the aid of sulphur baths. However, this dartrous bronchitis, gastritis, and enteritis, etc., is not so common as certain authors formerly thought, and who from fear of internal diseases laid it down as a principle that it was improper to cure up external dartrous manifestations. We do not believe in this: it is only an exaggeration of a fact, and must not be accepted without considerable allowance and limitation. It is rare that dartrous affections are accompanied with general phenomena; we must except however the period of invasion in cases in which they assume an acute form; they then are accompanied with a little general uneasiness, pain in the limbs, fever, etc. This latter is observed very rarely, except in cases of eczema, more particularly eczema rubrum, which lasts for six weeks or two months, the extreme limits assigned to acute diseases.

*Course.*—The course of dartrous affections is essentially chronic, we do not mean to say by this, that in some few cases they do not assume an acute form. This acute state is observed principally in some varieties of eczema, impetigo.

We repeat, that in the majority of cases the disease is prolonged with a variable intensity during months, and even years. Nothing is more common than to see patients, who are tormented all their life, with only short intervals of remission. We are naturally now brought to speak of the relapses, returns or recurrences, one of the fundamental characters of this group of affections.

The recurrence is almost a certainty in diseases of a dartrous diathesis, and we can affirm, without fear that the fact will be denied, that the cure of a dartrous eruption, from its first attack and disappearance, is a *rare* exception. And when we see the disease in a person of adult age, we can affirm, also, with almost perfect certainty, that there have been before this similar eruptions. Of all the dartrous manifestations, the most tenacious, and the one which reappears with most obstinacy, is *psoriasis*. When we have by treatment caused a dartrous eruption to disappear, we may rest assured that we have cured only the local affection, not triumphed over the diathesis. The time and mode of succession of these relapses or returns, are varied, being subordinate to conditions of temperament, age, regime, kind of life, and habits of individuals. Sometimes they manifest themselves after several weeks, or even months, then again after the lapse of years, and in some cases 15 or 20 years may pass.

*Terminations.*—After the details that we have already given, there remains very little to be said about terminations. Cure is *rare*. Nevertheless there exist some examples in which the disease has yielded to a proper treatment a long time persevered in, or else has disappeared spontaneously, owing perhaps to a great modification in the economy, brought about by favorable hygienic conditions, which have, so to speak, worn out the dartrous diathesis.

But in these exceptional cases we must be very reserved and circumspect, if we would avoid a sad illusion, for often the diathesis is latent, it only sleeps, and is merely waiting for an accidental cause to develop it on the surface.

† *Diagnosis*.—In the diagnosis of dartrous affections, we must not content ourselves with the examination of the external characters—the elementary lesions, so called. We must observe, first, the external ensemble of the disease, its extent, its mode of development, the existence of itching, but above all, we must question the patient in regard to his general health, in regard to his ancestors and descendants, in order to make up our minds as to the diathesis. This made out, we can next determine the different forms of the manifestation, and it is only after we have determined upon the diathesis that we can justly appreciate the value of recognizing local lesions, as the serous secretion of eczema, the peculiar roughness of lichen, the large, thick scales of psoriasis, and the fine, thin ones of pityriasis. As to the precise diagnosis of the varieties, it is often very difficult to make out, and as regards the treatment, it is of very little importance.

*Prognosis*.—Dartrous affections of themselves are not grave, that is, do not seriously endanger life, at least in an immense majority of cases. They are more troublesome than dangerous. Nevertheless, with certain old persons they have a certain gravity, on account of the feebleness that they occasion, either by the sleeplessness of the patient, or else weakens by the abundant secretions, as occurs in eczema. This debility in these patients has also this inconvenience: united with age, it diminishes the power of resisting morbid influences. This gives rise to a question which has been long a subject of dispute, and has been differently solved by the authorities. Is it dangerous to cure up these dartrous affections? The answer to this will solve also the former question. Can we have repercussion from a dartrous affection, that is to say, can an internal disease be developed by the simple disappearance of a dartrous eruption? This repercussion was much talked of formerly; but we believe that in these pretended metastases, imagination and theory were more relied on than an observation of facts.

For example, in the course of a dartrous affection, a visceral disease, a little grave, develops itself. The cutaneous affection yields the

place to the internal malady, and when it is cured the skin disease returns again. The effect is often taken for the cause.

We assert, then, in a general manner, that it is not dangerous to cure up these dartrous affections. We will make an exception of some rare cases—an exception of great importance in practice. In some dartrous patients suffering from asthma and pulmonary catharrhs, it is often remarked that the accessions of suffocation are more rare and slight when the eruption is at its height, and that suffocation is more frequent and serious when the external affection is cured, or even diminished in extent. Under these circumstances, the physician ought to respect the cutaneous affection, at least within certain limits. It is the same in certain cases of gastralgias, neuralgias, etc. Apart from these complications, we believe that we can and ought to undertake the cure of dartrous affections.

*Etiology*.—Dartrous affections occur in persons of all ages, in children as well as in the advanced in life. In these latter the existing disease is sure to have been preceded by former attacks, and dates back often a number of years.

In fact, it is *very* rare to observe an eczema in an old person, who has not had already several eruptions, and in whom the first appearance does not go back to youth or infancy. The two sexes seem equally predisposed. All temperaments present examples of dartrous diathesis, but different forms of the disease seem to affect certain and special temperaments. For example, eczema shows a preference for the lymphatic, lichen for the nervous, and pityriasis is observed more frequently in persons of a bilious temperament, while psoriasis seems to have a predilection for the sanguine temperament.

The seasons do not play so important a part as some would have us suppose. We have observed that the eruptions manifest themselves mostly in spring, and the commencement of winter, the two most marked changes of the seasons.

Accidental causes alone are not sufficient to produce the diathesis, but they hasten the



manifestation if the diathesis exists. In the first rank of these accidental causes, we must mention excess at table, abuse of strong drink, prolonged watchings at night, wakefulness, moral emotions, disappointments, irritating pomades, frictions, certain accidental diseases of the skin, as itch, (acarus.) Among these accidental causes we ought to place certain professions, as that of distiller, baker, cook, grocer, blacksmith, engraver on steel, and manufacturer of certain chemical products.

## Original Communications.

### On Incisions into the Joints, in Cases of Synovitis. Articular Wounds in general, with Remarks.

By E. S. COOPER, M. D.,

Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific, San Francisco.

From the earliest period in the history of Surgery, up to the present time, wounds of the joints have always been regarded as more serious than most other wounds, and those of the knee-joint especially so. In fact these latter wounds have so often resulted in the destruction of the limb, if not the life of the patient, that they have in some regions of country become the subjects of dread among practitioners who meet many cases, but conduct few to a favorable termination.

Thus a wound made by the corner of an adze, a hatchet, or even a penknife, through the synovial sacs of the knee-joint has frequently resulted in a high grade of inflammation, suppuration of the articular extremities of bones, ankylosis, and sometimes hectic fever and death. This subject has by no means been exhausted by surgical writers. There is much of practical value yet to be developed in regard to it. I am fully convinced, from experience, observation, and reflection, that large or free wounds of the joints are very little, if at all, more dangerous than wounds of corresponding size in other structures. I am convinced by experience that the knee-joint can be freely opened, either by acci-

dent or design in a healthy person, and seldom gives rise to constitutional disturbance.

I have seen many cases where the knee or ankle-joints were opened by shockingly lacerated wounds, and yet I do not remember to have seen a case in which a great degree of constitutional irritation supervened from that cause. On the other hand, these wounds have invariably healed kindly by granulations, and the result has been a complete restoration of motion in the joint when properly treated.

In the early part of my practice, my location was in a region of country, where wounds of the joints were frequent, particularly those of the knee, so that I had very favorable opportunities of noticing their results. All my experience tends to confirm in my own mind the following propositions, viz:

That large wounds, or those opening freely the knee-joint, are inclined to heal kindly by granulations, and if properly treated, to result in a complete cure, while a small punctured wound which heals on the external surface by first intention, often, if not generally results in the highest possible grade of inflammation, frequently passing rapidly into suppuration and destruction of the joint, if not even of the life of the patient. The cause of the immense suffering which results from these small wounds of the knee-joint has been the subject of much profitable speculation heretofore, and is not by any means understood at the present day, though medical men of the most profound minds have devoted much attention to its consideration, from the earliest period in the history of medicine up to the present time.

But let me say here, that it is not by consulting old authorities, that a practitioner is enabled to obtain judicious counsel in regard to these injuries.

A patient receives a wound of the knee-joint half an inch in length by some sharp instrument, such as an adze, hatchet, axe, or penknife.

The wound heals by first intention on the outer part, and the patient pursues his business for a week or ten days apparently well, not supposing for a moment that mischief is brewing. Suddenly however, when he least

expects it, the region of the wound inflames, and the inflammation rapidly extending, soon involves the structures of the whole joint. The pain soon becomes severe, almost beyond endurance, and purulent matter fills the space between the tendons which pass over the joint, destroying by ulceration and suppuration their enveloping bursæ mucosæ, and continuing, fills the thigh with purulent secretion up to the hip.

Not unfrequently the matter finds its way into the knee-joint during the early stages of the inflammatory action, destroying by the ulcerative process the articular surfaces. The destructive process does not, however, always stop here, but continuing, hectic fever is induced, and with copious night sweats and a high grade of constitutional irritation, the patient is not unfrequently borne down to the grave.

The best result that can be expected as a general rule in these cases, is an ankylosis more or less complete at the end of several months' suffering. But while slight wounds of the knee-joint give rise to disastrous consequences, large lacerated wounds as often granulate kindly and cause little trouble. In the first class, the external wound heals before the sheath of the muscle; and in the bursæ mucosæ and purulent matter is formed, which cannot find its way out.

Reasoning upon this basis, I decided upon the practice of laying open the joints freely in such cases, carrying out nothing but a long-established practice, viz: that of opening the phalangeal articulations freely in cases of felons, where matter burrows beneath the periosteum, and within the joints. The only difference I am able to see between the two operations is this, viz: that in the one case, the operation is performed upon a small joint, while in the other, it is performed upon a large one. But reasoning a priori, why should not the treatment of all joints in which matter burrows, be the same? Have they not all capsular ligaments and synovial membranes the same? The chief difference consists in the size of the different joints.

Then is it not plain, that if opening the phalangeal joints freely is generally followed

by instant relief and a speedy cure, in cases of felon, we have reason to expect a corresponding result in cases of opening the femoro-tibial articulation, where a high grade of inflammation is accompanied with the burrowing of matter in that joint.

*Case.*—Mr. T. R., aged 20, received a wound of the anterior part of the knee, by a hatchet, on the 20th day of February, 1858. The wound was small and healed by first intention; and being to all appearance perfectly well, he kept at work as usual, not entertaining the remotest fear that the joint would be liable to a dangerous inflammation. On the 1st day of March, however, the knee-joint became painful and began to swell. The highest possible grade of inflammation rapidly followed, accompanied by that intense suffering characteristic of such conditions of this joint. All remedies, both local and constitutional, failed to give even temporary relief.

During the 2d, 3d and 4th days of March, he took from three to four grains of morphia, in twenty-four hours, without being able to obtain even temporary relief from the pain. On the 5th day, fluctuation could be distinctly felt all over the joint.

*Treatment.*—My treatment consisted in opening the joint by an incision eight inches in length, and the subsequent administration of sedatives and diaphoretics. A piece of lint was laid in the track of the incision, and permitted to remain for ten or twelve days. Cold applications were made to the part for twenty-four hours, when these were changed for poultices. At least one and a half pints of purulent matter was discharged from the wound, as soon as the incision was made. This had burrowed within and about the joint. The patient experienced immediate relief, and slept well afterwards, without the use of any opiates. He recovered rapidly, and in less than two months, resumed his work, without the least pain, want of mobility, or other inconvenience about the joint.

The progress of cure in this case, was noticed by Drs. Holmens, Finnigan, M. B. Angle, and Professors J. Morison, Isaac Rowell and R. B. Cole.

The wound made by the knife, was kept

constantly open, until it gradually healed by granulations from the bottom. I have had other cases similar to this, but presenting no features differing, worthy of detail.

*Remarks.*—I believe this method of treatment is not entirely new, though perhaps rarely practiced upon the bold scale here recommended. I am convinced by experience, that it is the only method upon which any reliance can be reposed, for the speedy cure of these cases.

In fact, I think we might as well expect felons to terminate favorably, without the use of the knife, as that synovitis of the knee joint should result in a cure, without an incision, after purulent matter has formed in and about it.

In all cases, when I open joints for the discharge of purulent matter, I institute a gentle, but forced, motion as soon as the surfaces of the parts incised begin to suppurate freely, which is generally in from four to six days.

If this motion cause considerable pain, I defer it for a few days, but never lose sight of the fact, that motion is to be regarded as not only necessary to the ultimate usefulness of the joint, but that when judiciously resorted to, it may be made to facilitate the cure, by assisting the discharge of purulent matter, as well as any pieces of exfoliated bone which in these cases are liable to be thrown off, and the retention of which within the limb, is liable to become one of the causes of most protracted suffering, by renewing the inflammatory action, from time to time, for months, or even years. It is not requisite, as is generally supposed, that joints in this situation should be kept quiet. No greater mistake than this could be committed. But it is only when a free opening exists for the discharge of matter, that motion is proper, because motion of a joint which has matter pent up in it, would only cause the matter to burrow more extensively into the surrounding parts; but my opinion is, and I insist upon its being taken as correct, until proof is given to the contrary, that matter should never be permitted to remain pent up, about any joint, because the mere opening of

a joint is attended with but little, if any, more pain or danger than that of opening other parts. Nor does the subsequent admission of air into the joint, cause any increase of irritation, as has been supposed.

The grand mistake, heretofore committed, was not in permitting air to be admitted into the joint, but in not keeping the external wound sufficiently open to admit of the free discharge of serum and purulent matter. But for the length of my remarks already, I would detail some cases in which I have operated for the extraction of extraneous formations from the knee-joint, by making free incisions into it, and afterwards keeping the wounds open, as above recommended, with the best results.

#### Carbonate of Ammonia in Measles.

By S. N. PIERCE, M. D.

Of Cedar Falls, Iowa.

Having seen carbonate of ammonia used in scarlatina with excellent results, I was induced, about two years ago, to try its effect in measles. Since that time I have used it extensively in that disease, and with most satisfactory results. For some months past this disease has been prevailing in this vicinity quite extensively, and in a very severe form. In nearly every case that I have been called upon to attend I have prescribed carbonate of ammonia, and in *every* case when this has been given, has the disease come to a speedy and favorable termination. The medicine should in all cases be given early in the disease, before the eruption appears, or just as soon as it makes its appearance. My usual prescription is:

R. Ammoniae carb., ʒi.  
Aque camph., fʒiiss. M.

Dose a teaspoonful three times a day, of course varying the dose according to age of the patient, and other circumstances.

At a meeting of the London Pathological Society on the 5th ult., a death from hemorrhage following rupture of the gall bladder, was reported.

The distension and rupture was caused by impaction of a biliary calculus in the gall duct.

**Modified Operation for Contracted Fingers**  
—Sliding Backward of the Cicatrix, and  
Partial Transplantation over the Denuded  
Articulation.

By A. G. WALTER, M. D.,  
of Pittsburgh, Pa.

The relief for contraction of the fingers, from burns or laceration, by the various methods of operation hitherto resorted to, is often of but temporary duration or imperfect. Incision of the scar, excision of the contracted dermis, ablation of it with separation of the cutis from the sides of the finger, a longitudinal incision over the dorsum, with approximation of the raw surfaces over the vola of the finger, are either uncertain in their result or too painful in their execution. A more simple or effectual method of accomplishing the desired end suggested itself to me some time ago, and has been successful in every instance in which it was resorted to. Considering it sufficient that healthy skin *over the contracted articulation* only need be procured, the rest of the wound being left to cicatrize by suppuration, the sliding backward of the scar and transplantation of healthy skin over the palmar face of the contracted joint was put into practice. The following case will demonstrate the manner of proceeding, and its successful result.

Margaretta Miller, 15 years of age, employed in a cotton factory, had her left hand caught on the belt of a drum, by which the palmar face of the hand over the articulation of the second and third metacarpal bones, with the first phalanx of the second and third fingers, were lacerated, the flexor tendons of the two fingers being denuded as far as the middle of the second phalanx. Cicatrization was effected at the end of nine weeks, during which extension of the finger was neglected. Both fingers were contracted to a right angle at the joints, between the first and second phalanx, in which position they were held by a very rigid cicatrix.

On October 21st, 1858, relief was attempted in the following manner. The hand being placed upon its dorsum, with the finger held extended as much as possible, a sharp pointed narrow bistoury was thrust under the

scar, near the web, from one side of the finger to the other, over the articulation of the first phalanx with the metacarpal bone, and drawing it forwards as far as the scar extended, a V-shaped flap, with its apex towards the point of the finger, was excised, which, on extending the finger, glided backward towards the vola; free extension of the finger, however, could not be accomplished on account of structural contraction of the flexor tendon. The same operation was performed upon the third finger. To cover the volar aspect of the joint between the first and second phalanges, a flap of skin was borrowed from each side of the finger by an incision commencing some distance from the web, near the dorsum of the finger, and extending it obliquely forward, past the articulation of the first and second phalanges, into the first incision which had been made by the liberation of the scar. A similar flap was procured on the other side of the finger, both being V-shaped. Thus three flaps were formed, their apices directed towards the point of the finger, and their bases towards the palm of the hand. The two lateral flaps now being extended, met easily over the denuded articulation, and were united by a fine silver suture. The retracted middle flap of the cicatrix was laid smoothly down upon its bed, and retained in this position by narrow strips of adhesive plaster. Cold water dressings were applied for the first day, to be succeeded by tepid poultices of flaxseed meal. Gradual extension of the fingers, by a dorsal splint for the hand and fore-arm, was simultaneously commenced, no constitutional disturbance following.

In three weeks, cicatrization was completed, the fingers being extended. The new flaps over the phalangeal joints adhered by first intention, while the rest of the wound over the vola of the fingers cicatrized by suppuration. No subsequent contraction of the fingers could any more take place, healthy skin having been united over the articulation of the contracted joints, a true barrier to consecutive contraction. Success cannot fail by proceeding in this manner, the principle being a correct one. The old scar is thus saved, and allowed



to glide backward, protecting the articulation between the first phalanx and metacarpal bone, while part of the palmar wound which its retraction has occasioned is covered with healthy skin over the phalangeal joints. The intermediate space between the point of the retracted cicatrix and transplanted flaps over the joint of the finger, though healed by cicatrization is free from future shortening, being extended over the face of the phalanx, it receives its support from the same.

The fingers remaining straight and useful after a lapse of more than six months, the cure must be considered permanent. Success having followed in similar cases, I do not feel any hesitancy in submitting the result of this operation to the professional reader, fully convinced that its merits will be acknowledged when fairly tried.

## Illustrations of Hospital Practice.

### PENNSYLVANIA HOSPITAL.

[Reported by T. A. DEMMÉ, M. D.]

Service of Dr. Levick.

MAY 4, 1859.

Dr. Levick on commencing his term of service made the following preliminary remarks:

I have never entered on my duties here with a deeper sense of the responsibility thus incurred, than I do at this time. This responsibility is of two kinds—the first, that which belongs to the care of the large number of the sick now in our wards, and the second, that which attaches to my position here as a teacher of clinical medicine. Important as I feel the first to be, I consider it even less so than the duties of the latter, which involve the enunciation of sentiments, and the advocacy of modes of treatment, which may affect for good or for evil the practice of many of you hereafter. You will find, gentlemen, that I am no unbeliever in the action of medicines, and I should deeply regret that any of you should fall into that state of infidelity with which it is too much the fashion to regard the value of therapeutical agents.

A physician without faith in the positive action of medicines, is in much the same position as the sceptic in religion. While all is prosperous about him he may move along comfortably, but when real danger overtakes him, having no resources on which he

can with confidence rely, he flies from one thing to another until the fearful issue overtakes him, and in the loss of professional reputation, or it may be in the destruction of those who are as dear to him as his own life, he pays the dread penalty of his unbelief. I warn you against such a state. There is a value in therapeutics. The observations and experience of ages have not accumulated in vain, and that faith which has sustained our forefathers in many a conflict, should not be lightly cast aside.

But while thus confident in the weapons of your warfare, you need not be overhasty to use them. The truly brave man does not draw his sword on every trifle whom he encounters, but keeps it bright and keen for necessary service. *Excessive medication* should be studiously avoided, and I suspect it was the prevalence of this practice which has led so many into the opposite error against which I have warned you.

In reference to the plan of instruction adopted by me, I have but a word or two to say. A large proportion of those who are in attendance here during the summer months are students who have heard but one course of didactic lectures on medicine, and to whom many of the phenomena of disease and the pathological conditions producing them are unknown. I make it a rule, therefore, in my description of cases and of the treatment adopted, to go much more into elementary detail than will seem necessary for those who are more advanced in their professional career, and to whom such things are familiar. Asking for my deficiencies your kind indulgence, I now pass on to the consideration of the cases before us:

*Peritonitis.*—This patient has been already brought before you by Dr. Gerhard, and his affection fully spoken of by him. My object in again presenting him is that you may note the result of treatment.

In the present case the disease was located in the neighborhood of the ileo-cæcal valve, which is the most frequent seat of local peritonitis.

I would call your attention to a form of disease that often closely simulates peritonitis. The affection to which I allude, frequently occurs in hysterical young women; the patient complains of pain and tenderness on pressure over the abdomen, and there is often a furred tongue, and the general aspect of one suffering from internal inflammation. It is important to make a correct diagnosis in these cases; for an antiphlogistic treatment, consisting of bleeding, mercurializing, etc., might be very injurious; the character of the patient, her position, and some lurking symptom of hysteria, will, properly observed, lead to a correct diagnosis.

Dr. Watson states, as an additional means of diagnosis in such cases, that the patient complains equally of pain on pressure, whether that pressure

be lightly or forcibly made, which is not the case in genuine peritonitis.

A case of peritonitis came under my observation a few years since, occurring in a young woman at her menstrual period, which, on post mortem inspection, appeared to be dependent on the escape of a Graafian vessel into the peritoneum. A similar case is reported by Dr. Bennett, in his clinical lectures.

The patient before you is now quite convalescent, and will soon be discharged.

*Roseola and Pneumonia.*—This patient also was before you at the last clinic, and her history fully given to you. You may remember that she had at that time a rash, somewhat resembling that of scarlatina, and somewhat that of measles, not strictly typical of either. She had also the physical signs of pneumonia. Being a stout, vigorous person, she was cupped, by order of Dr. Gerhard, and with speedy relief. I am inclined to regard the eruption as rather that of roseola than that of either of the two exanthems which it somewhat resembles.

It corresponds with those cases which you will find recorded in the books, in which a scarlet rash appears in individuals who are exposed to eruptive diseases from which they have been partially protected by a previous attack. Under the treatment before mentioned she is now convalescent, and will soon be discharged from the hospital.

*Erysipelas.*—An Irish servant girl, aged 19, admitted May 2, 1859. Has been sick for four days; has had several similar attacks. This one began with a chill, followed by fever, with sick stomach and an eruption on the side of the face. The redness is of a dull hue, pulse feeble, tongue slightly furred; bowels have been freely moved before her admission.

*Treatment.*—Mucilage of slippery elm bark to the face. Tinctura ferri chloridi, gtt. xx., every three hours.

*Diet.*—For the first day arrow root, on the following day chicken broth.

You will readily perceive this to be a case of erysipelas affecting the face, and which has extended to the scalp. As a general rule, there is little difficulty in forming a diagnosis of this disease, though it occasionally happens that hardness and swelling of an erysipelatous character may exist with little or no redness. On the other hand, the redness of deep-seated cellular inflammation might mislead us, though it is said that this is tense, not hard.

Erythema is popularly mistaken for erysipelas, but in such cases the redness is not so continuous a blush, and there is little or no fever. So too with the redness and vesication produced by the application of various counter-irritants, turpentine, and

even croton oil, e. g. This inflammation of the surface is but a manifestation of constitutional disorder, not a mere local affection. Surgical erysipelas would seem in some instances to be more local in its character. As is the case with the patient before you, erysipelas usually shows itself on the side of the face and travels upward. Delirium is a frequent, and coma an occasional attendant of this disease when it affects the scalp, but either may exist without being necessarily indicative of inflammation of the brain. By some the inflammation of erysipelas is considered a mere irritation not an inflammation, and they strengthen this opinion by the fact that so little coagulable lymph is produced; but this is not the generally received opinion on the subject.

Erysipelas may be associated with a sthenic or asthenic condition of the system; as we see here it is most frequently of the latter type. It is dangerous chiefly in malignant cases, in persons of bad habits, and when it affects certain of the internal organs. In the throat, the pharynx may become involved producing dysphagia; in the larynx, edema and suffocation. We treat our cases on general principles being always on the watch for symptoms of debility. Bleeding from, the arm and still more, local bleeding, is generally improper. As a general rule all repellent external applications should be avoided, though I remember a case under the care of a friend, in which the disease seemed very local in its character, in which the application by a camel's hair pencil of a saturated solution of nitrate of silver to the entire reddened surface of the cheek, was attended with a prompt arrest of the disease, and with no unpleasant constitutional symptoms. I may here mention to you two fatal cases of erysipelas of the abdomen. The first to which I allude occurred in this house eight years ago. An attack of erysipelatous inflammation followed the opening of a syphilitic tubo, which soon spread over the surface of the abdomen, subsequently attacked the peritoneum, and the patient died with extensive peritonitis. In an autopsy recently made by me for a medical friend, that of an infant a few weeks old, in whom there had been diffused erysipelatous inflammation of the abdominal surface which was followed by rigors and great prostration, we found that the inflammation had traveled up the umbilical vein to the liver, in which organ several abscesses were found. Erysipelas like phlebitis (to which it is closely allied) sometimes occurs as a sequela of typhoid fever.

To stay the upward progress of the inflammation, blisters, the nitrate of silver, and the tincture of iodine have been used respectively. The last has of late lost some of its reputation, but I believe this is owing to the fact that it has not been applied sufficiently often in the course of the disease.

Apply it freely, and once in three hours, and it will generally be found efficient. Even should it blister as it sometimes will, no harm will accrue. As a soothing application a mild mucilage may be used, but where the trunk or lower limbs are affected, glycerine or rye flour will be found less troublesome to the patient and equally grateful.

The only medicine which this patient takes during the day is the tincture of the chloride of iron, under which we find our patients to do well, but erysipelas is a disorder in which it is difficult to say how much of the patient's recovery is due to the medicine exhibited, and how much to the natural tendency to health. Our patient takes at bed time  $\frac{ij}{j}$  of solution of sulphate of morphia, with one of sweet spirit of nitre which ensures her a good night's rest. We will carefully watch her, and if any increase of debility occur will give her wine-  
 whey and quinia, two valuable remedies in the treatment of the asthenic form of the disease.

Although some of the associations before mentioned may fatally complicate individual cases, yet erysipelas even when affecting the scalp, so far as my observation goes is rarely a fatal disease.

Dr. L. then exhibited some pathological specimens taken from a man who had died with acute phthisis.

Service of Dr. Neill.

APRIL 30—(continued.)

*Fracture of the Leg.*—If there is anything that this hospital is calculated to teach, it is the proper treatment of fractures, and hence frequent occasions will be devoted to illustrating the fractures that may take place in the different bones of the human skeleton.

It is most important that you should understand the adaptation of apparatus to individual cases.

*Case 1st.* The limb is swollen about the ankle, the skin contused and bruised, and there is an irregularity of shape above the malleoli. Crepitus is plain, and on comparison with the other limb, you obtain a still more obvious impression of the deformity.

The greatest deformity in cases of fracture of the bones of the leg, takes place when the injury is in the immediate neighborhood of the ankle joint.

In this case, in consequence of the fracture of both bones, low down, the whole foot falls and the leg appears to have been forced forward. The injury was produced by a heavy cask rolling upon the foot.

This is as difficult a case of simple fracture as could ever require treatment; for, in the first place, both bones are broken; in the second, the fracture is immediate to the joint; in the third, the joint is

involved; and in the fourth place, there is very great contusion and infiltration of the soft parts.

*Treatment.*—In the treatment of fractures it is as important to attend to the condition of the soft parts as of the bony. If this fracture were at once set and splints applied, this man would lose his ankle.

For the present the limb is placed upon a pillow, and soothing applications of lead water and laudanum made.

This accident occurred this morning.

*Case 2d.*—Also occurred this morning; also involves both bones of the leg, about an inch and a half above the ankle. The displacement is by no means so great as in the first case, and the soft parts are not so extensively injured. It was produced by a baggage crate falling upon the leg.

The prognosis in the first case is guarded, in the second favorable.

*Treatment.*—Rest upon a pillow in a fracture-box, wrapped in a towel wet with lead water and laudanum. You can watch these cases from the beginning.

*Case 3d.*—Was a fracture of both bones of the leg, which has been in the house four weeks. There is some discoloration still remaining, but no deformity. The union has been delayed.

*Case 4th.*—Fracture of both bones above the middle of the leg, with great contusion and effusion of blood. The blood effused was in such large quantity that the absorbents were unable to remove it, and in consequence it acted as a foreign body, and provoked the simple fracture into a compound one.

In simple fracture, reparation goes on by the first intention, as in subcutaneous wounds; but in compound fractures, reparation is accomplished through the formation and development of granulation. These granulation cells become bone cells without passing through a pulpy and cartilaginous stage.

*Treatment.*—At first no attention was paid to the "setting of the fracture," but the condition of the soft parts carefully attended to. A poultice was applied, and the limb allowed to rest upon its side, with the foot everted. Abscesses formed and were opened. Now, however, the bones have been replaced in situ in the fracture box.

The pus that is formed is healthy, and the cavity has contracted. The external wound is covered by lint moistened in a weak solution of sulphate of copper.

*Case 5th.*—Fracture of both bones, which occurred eight weeks ago, whilst the patient was engaged in blasting.

The leg is now placed in an apparatus that comes most admirably into play after a limb has been kept

for a proper length of time in a fracture-box. It consists of a piece of stout pasteboard moulded to the limb after having been first soaked in water, by which it is rendered very flexible.

This was a case of delayed union, one of those cases peculiarly adapted to the use of the pasteboard splint.

This splint, with the additional use of adhesive strips and of bandages, makes as immovable apparatus as any other contrivance. No gum, starch, or plaster splint can do more.

This dressing answers all the indications, and has not the great objection that the limb cannot be seen, as is the case with the French starch roller.

This dressing is also useful after the immediate union of the fractured bones, to furnish a support to the limb.

In cases of diseased joints the same apparatus answers several important indications.

*Case 6th.*—This patient is nearly well, and will soon be discharged. He had a fracture of the tibia, near the ankle; was treated on the above plan, and now walks with confidence.

#### MAY 4TH.

*Portion of the Nose Bitten Off.*—After showing the patient to the class and remarking upon the great deformity resulting from wounds of the nose—which in the present instance was produced in a rather unusual manner, at least as far as the human nose is concerned, having been bit by a fellow animal in a fight—Dr. Neill remarked that in the treatment of these wounds metallic suture may be used, if the injury involves the part so extensively as to call for the suture, and the apposition of the parts assisted by means of silk entangled in collodion. As in wounds of the ear, where skin and cartilage are involved, the skin alone should be approximated.

*Fracture of the Nose and Face.*—The injury in the present instance was received in a fight. The face is swollen, contused, discolored and infiltrated. Upon closer examination a fracture of both nasal bones is detected. The eyes are closed by infiltration of the orbit. The fracture is detected by crepitus upon manipulation. The arch of the bridge is not destroyed.

Very little deformity results in the present instance from the injury to the bones. There is a slight lateral deflection of the nose, which however does not exist to a greater degree than in many persons naturally.

*Treatment.*—It is only necessary to give a slight support to the nasal bones, which is done by placing a small compress upon the side towards which the dislocation of the nose tends, and maintaining it in situ by means of a strip of adhesive plaster.

*Fracture of the Lower Jaw.*—The patient, a young man, presents a marked deformity, the chin is pointed and projects to the right side; the angle of the jaw upon the right side is depressed. Upon depressing the lower lip, an irregularity of the dental arch, between the lateral and central incisors is noticed. The depression is on the right side, the side upon which the fracture exists. Theoretically certain deformities are ascribed to fracture of the inferior maxillary as resulting from the action of certain muscles, but practically the deformity will be found to depend upon the direction and obliquity of the fracture; it is usually stated that the long fragment is depressed from the action of the hyoid muscles, and the short fragment drawn up by the masseter and temporal muscles, but in the present instance the short fragment is displaced downwards.

*Treatment* is very simple; the indications are to preserve the rotundity of the chin, and to prevent the overlapping of the fragments.

In the present instance Barton's apparatus does not suffice to maintain the fragments in situ, and therefore after reducing the fracture, apposition will be made by wiring the teeth together and then applying the bandage.

In olden times it was thought necessary in this class of injuries to extract several teeth so as to facilitate the feeding of the patient, but this is not required, the interstices between and posterior to the teeth affording sufficient access into the mouth.

When wire is used in these cases for the retention of the fragments, it should not be applied to the contiguous teeth of the reduced fragments, if they are loose, but to the last tooth but one upon each fragment.

#### *Operation for Tumor in the Popliteal Space.*—

A boy of about twelve years of age was brought into the operating room, who presented a tumor in the lower part of the ham, occupying the space between the heads of the gastrocnemius muscle. The growth has existed during four years, occasioning, however, little pain. This spring the swelling very rapidly increased in size, and caused much pain to the little patient. The tumor presented a smooth and even surface, and to the touch seemed elastic, and upon succussion to fluctuate. The boy's general health is good.

After a consultation, it has been decided to operate upon the limb, but considering the obscure character of the tumor, it is impossible to say beforehand what precise operative procedure will be advisable. We hope it is a cyst.

In the presence of Drs. Norris, Peace, and Pancoast, Dr. Neill made an exploratory examination, by boldly plunging into the growth a trochar and canula. Instead of a clear, serous fluid running



from the canula, the tube rapidly filled with dark, venous blood, which drop by drop fell from the canula.

After another consultation by the surgeons, it was resolved to cut down upon the mass, and to be guided in the further steps of the operation by the nature of the tumor. If the tumor materially involved the vessels or nerves, amputation would be necessary.

After the patient had been etherized and the tourniquet applied to the limb, Dr. N. made a long incision through the skin and superficial fascia, and then with the scalpel and director cautiously cut through a muscular expansion covering the tumor, and at length exposed the growth, which at once declared itself to be a large multiform fibro-cystic tumor, which was then carefully dissected out.

It so chanced that the portion of the tumor into which the trochar had been plunged was firm and very vascular and did not communicate with the cyst proper.

*Dressing.*—The extremities of the wound were brought together by the metallic suture, and a strip of lint was tucked into the centre to prevent accumulation of fluids. Adhesive strips were applied over the whole, and the limb placed upon a splint.

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## Editorial.

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### THE MEDICAL PROFESSION IN CALIFORNIA.

We have ever regarded with peculiar interest everything connected with the progress of medicine on our Pacific sea-board. The great State of California sprang into existence at a bound, as it were, and composed as its first inhabitants were, of emigrants—many of them being mere adventurers “of the baser sort,”—from almost every nation of the earth, the elements which combined to form it into a State were of the most heterogeneous character; and it is not surprising that its medical profession should partake somewhat of the same characteristics.

Still, there have been evidences among them of more than usual professional spirit, and adhesion to the principles which have, from the earliest times, been at once the pride and honor of medical men. These have been given in the formation of the Medical Society of the State of California, in its published transactions, and

in the establishment, under its recommendation, of the California State Medical Journal, a publication that would have been creditable to any State or nation. But we fear, from recent developments, that these were but evidences of precociousness, rather than of permanent and healthy progress, and that the profession of that State are not yet ready to take their place in the rank and file of their brethren of the older States.

At the fourth annual session of the California State Medical Society, which met in Sacramento on the 9th of February last, the *esprit de corps* of the profession seems to have been borne down, and the wheels of progress to have been stayed by untoward circumstances, originating at the last annual meeting of the society. It seems that at that meeting Dr. R. Beverly Cole read a report on Obstetrics and Diseases of Women, which, whatever excuse may have been offered, or interpretation put upon its statements, was anything but creditable to the reporter and to the medical profession, and was, moreover, slanderous to the women of the State. The report, which, it seems, was prepared with indecent haste, was allowed to go unchallenged into the published Transactions, thus making the society measurably responsible for its inaccuracies and slanderous statements. An attempt was made, at the last meeting of the society, to relieve it of the odium thus brought upon it, by repudiating Dr. Cole's report, and striking his name from the roll of members; but, after a very stormy session, the attempt failed of its object, and the society adjourned in a disorganized condition, its best members having withdrawn from it. A committee having been appointed to report upon the case, had acquitted Dr. Cole, on his own disclaimer, from the charge of intentional slander against the women of California. Although we have no doubt of the sincerity of Dr. Cole's disclaimer, it strikes us that he should have paid some penalty for the injury he did to the profession of the State, by preparing an *ad captandum* report with such indecent haste as, by his own confession, that was done.

But we are by no means disposed to excuse

the members of the society, who, because circumstances beyond their control prevented their taking such action in this case as they thought would be for the interests of the profession of the State, withdrew from their connection with it. They should have retained their position, and labored to regain the confidence and good will of the public, which the inconsiderate action of an accidental majority had done so much to forfeit.

We have no feeling in this matter, beyond what we consider to be the best interests of the profession of California, having no personal acquaintance with a single member of the profession of that State. Our remarks are founded on the published transactions of the society. We earnestly hope that these difficulties will be but temporary, and that the medical profession of California will soon be again united, and labor as creditably as they have hitherto done in the cause of progress.

#### MEDICAL RECIPES.

The following well-timed remarks on the publication of medical recipes in newspapers, for the information of the public, we copy from that sterling agricultural paper, the *American Agriculturist*.<sup>\*</sup> Its course is in marked contrast with that of the newspaper press generally. A recent number of the *Scientific American*—a publication which frequently treats its readers to infallible recipes for this and that ailment—published to the world that *asparagus* is an infallible cure for hydrophobia! But here are the remarks of the *Agriculturist*, and very sensible ones they are, too:

"Medical recipes, to cure every imaginable ailment incident to human or other animals, from a wart to the heaves, or horn ail, are received from different sources, almost daily, but we seldom publish them, for many are nonsensical, others injurious, and few can be relied on. No doubt most of those who kindly furnish them, fully believe in the efficacy of their remedies, but to be able to pronounce

definitely upon the certain effects of *any* medicine in a specific case, requires knowledge and an experience obtained only by years of observation and practice. Two-thirds of the doses "warranted to cure," have originated in the mere notions of men to whom even the inward structure of an animal is an unknown mystery. So different, too, are the symptoms of the same disease in different individuals, that scarcely two cases can be successfully treated in the same manner. We are aware that almost every man can bring testimony of surprising cures effected by his favorite medicine, but we cannot tell with certainty whether the result followed by the aid, or in spite of the means used. As the aim has been to make the *Agriculturist* reliable in its teachings, so far as it does go, it has been deemed at least safe to exclude nearly all matter of this character which could not be vouched for with positive certainty.

#### Correspondence.

We are indebted to a facetious correspondent for the following interesting details—read them *after dinner*, they will repay the perusal:

*Verdict for Professional Services of Six Hundred Dollars.*—The injustice of juries as regards professional litigation is a common experience of physicians throughout the country. Verdicts in their favor are exceedingly rare, and hardly ever obtained without mutilation of legitimate professional fees, to an extent which scarcely leaves a balance for the payment of law expenses.

There is obviously no alternative but to suffer the imposition of dishonesty, rather than to embark with more time and money in a dubious and vexatious law suit. Sometimes the provocations are, however, too strong to be borne, and an injured physician, despite of all warning precedents, and odds against a favorable termination, may resort to this *ultima ratio creditorum*.

Such appears to have been the case with Dr. Andrews, of East Brooklyn, who brought an action against Fagan, for the recovery of professional fees amounting to \$600.

The defendant resides with two younger brothers at East Brooklyn. They are lords of the same shanty and manor of ten acres, which latter they work to good advantage. By penury, abstinence, (except in the matter of

<sup>\*</sup> The *American Agriculturist* is published monthly, in New York, by Orange Judd, at the exceedingly low price of \$1 per annum.

whiskey,) persevering exertions, fat contracts, etc., they have accumulated a tolerable competency, which yearly increases by cautious and profitable investment. So far, so well for Mr. Fagan.

To pass away the monotony of their domestic life, they had occasionally a social drink, and on reaching the proper pitch, the festivities were wound up with a general pitch-into-one-another all round, when *claret* was tapped without stint or ceremony. On one of these occasions the younger Paddy indulged in the pleasant diversion of dissecting the senior Fagan, in a manner so effectual, that it made him tremble for the precious lives of himself and brother. After a profound family deliberation it was resolved to invite the attendance of Dr. Andrews, for the purpose of patching up the dilapidation.

The Doctor promptly arriving at the scene of action, found Paddy, the elder, in a rather precarious situation—punctured like a sieve, and the family claret so freely shed as almost to take the blush out of the patient's red hair! Mither Fagan was then sewed up and done for, and his dissolved integrity united as well as the accommodations of the shanty

("As nate a mud cabin as ever was seen,  
And considering it was but to keep  
Poultry and pigs in,  
I'm sure it was always most illigant clane.")

and his imposing position on a bundle of straw, would permit. But one of the wounds had entered the fundamental basis of existence by perforating not only his "abominable" cavity, but also the small intestine, allowing the free escape of Paddy Fagan's spirit! The alarmed (but now disarmed) brothers dimly realizing the danger of having their bachelors' hall thus broken up "sine die," (i. e. even without the dying of the elder one,) enjoined the Doctor to spare no pains or plasters, and they would come down handsomely for that same "in liberal spirit," and might the Lord bless him!

The Doctor

"Taught by that Power that pities him,  
Began to pity them,"

and, *item*—he saved poor Paudeen's life!

His task was laborious, requiring more than ordinary skill, tact and circumspection, besides much time and devotion.

Dr. Andrews during his term of attendance on the patient, could not escape the importunities of the disconsolate kinsmen, who thus took up the balance of his time.

In all he had made some seventy visits,

lasting from thirty minutes to five hours. Among them were twelve night calls, particularly requested by the patient and his kids.

When Fagan found himself in boots again, he handed over to the Doctor one hundred dollars in gold, imagining this sum to be a handsome remuneration, and the latter accepted the proffered amount as payment "on account," tendering subsequently a bill for the balance, \$500. This demand Mr. Fagan considered "outrageous" without further considering the Doctor—hence the action.

Drs. Daniel Ayres, Louis Bauer and George Cochrane, of Brooklyn, being put on the stand by the plaintiff, with a view to a valuation of the professional services of Dr. Andrews, testified as follows: That the charges for professional attendance rested on three points, namely:

1. The *amount* of professional services;
2. The *quality* of professional services; and
3. The *responsibility* to be incurred while in charge of the case.

In applying these principles to the case of Fagan, they had no hesitation in stating that as to No. 1 the services of Dr. Andrews were very laborious; the visits numerous and of long duration—some of them during the night—and that they could not be classified under the head of ordinary visits in country practice at 50 cents each. As to No. 2 they further considered that the case had required more than ordinary skill and tact in its management; that in both, the Doctor had exceeded all reasonable expectation, for which the highest encomium was due to him. And as to No. 3 that Fagan's case being one of public notoriety, had placed upon the Doctor extraordinary responsibility, which should not be undervalued. For the failure in such cases more especially in small townships, reflects most seriously upon the attendant's professional qualifications, the public being neither capable nor inclined to appreciate the difficulties of the injuries.

A few failures of this description would have the effect of depriving the physician of an otherwise well merited professional reputation and practice. They considered therefore the charge of \$600 every way reasonable, and in keeping with professional usage.

The defence, though admitting the amount, the skill and responsibility of the services, tried to establish a lower scale of prices. It maintained that a *cadaver*, a *carcas*, (which Walker defines as the decayed parts of a *thing* without completion or *ornament*, which latter

qualification his most ardent admirers even had not the face to claim for him,) the cadaver it maintained commanded no more than its regular market price, say \$15; that Fagan had been a corpse, half dissected by fraternal exuberance, and was therefore decreased in value, estimating such value at not exceeding the sum of five dollars bankable currency—(the current figure by-the-by for "stock" generally sought after by fishmongers and orangemen); and that a fee of \$100 was more than the Doctor could have reasonably demanded.

The jury, composed of very intelligent citizens, (and always considered so by the party in whose favor they find,) thought differently, however, of the value of Fagan (if not of his worth,) and after brief deliberation, returned a verdict in favor of the plaintiff for the full amount with costs.

This termination was as unexpected as it is exceptional—and I thought it might benefit the profession by being put on medical record.

BROOKLYN.

## Periscope.

### FOREIGN.

[Condensed from recent English journals by T. A. DEMMÉ, M. D.]

**Anti-Peristaltic Movement.**—In the *London Lancet* for April 30th, Dr. Brinton commences a course of lectures upon intestinal obstruction. The first lecture is devoted to the subject of fecal vomiting—long known to be pathognomonic of intestinal obstruction, and explained by a doctrine which has reigned almost unquestioned from the time of Galen.

Dr. B. denies that there is any such thing as anti-peristaltic movement of the intestinal canal. He asserts, among other arguments, that there is not one observation that substantiates its occurrence. In animals in which artificial obstruction has been produced, the intestinal movements are more evidently peristaltic than ever; in necropsies the distension of the intestine is always greater at the seat of obstruction, whereas the reverse should obtain if there were anti-peristalsis. On the theory of this counter movement, the irritation of a given part of the bowel renders it the starting point of two precisely opposite movements, the one towards the stomach, the other towards the rectum, and finally, in spite of the persistence of fecal vomiting, substances taken before death are shown by the necropsy to have traversed the bowel as far as the seat of obstruction.

**Self-Castration.**—A maniac, (*Lancet*, April 30th,) during the temporary absence of his attendant, castrated himself in the following manner: Using a little piece of pointed lath to make an opening in the scrotum, he enlarged the wound by tearing with his fingers, so as to lay open each tunica vaginalis.

The way in which the spermatic cords had been severed could not be ascertained; it seemed probable, however, that they had been jerked asunder, the naked testicle being firmly grasped in the hand. The removal of both testes was complete. The man was faint from the shock, but no hemorrhage occurred, and no vessels required tying.

Subsequently his mental state was one of real improvement, and after a complete recovery, bodily and mentally, he was discharged; since which time he has followed his employment as a shoemaker, and up to this period remains quite well.

[From the German, by THEODORE A. DEMMÉ, M. D.]

**Phthisis—Skoda.**—In the *Vien. Med. Zeit.* this world-renowned practitioner particularly refers to the importance of vinous and malt liquors in consumption. They afford one of the most efficacious means of arresting the diarrhæa which so often debilitates the patient, give a tone to the digestive organs, and furnish an agreeable way of generally stimulating the system.

In chronic tuberculosis, with or without accompanying diarrhæa, Skoda regards wine or beer as more valuable than quinia or opium.

**Tracheotomy in Croup.**—Paris, Jan. 22d.—After a long and exciting debate, the Academy of Medicine have come to the following conclusion in regard to this operation. The subject of tubage of the larynx was also discussed, and the merits thereof decided upon.

The following motions express the sentiments of the Academy upon the above subjects:

1st. The tubage of the larynx, as it has hitherto been performed, does not appear to be sufficiently useful or safe to merit the approbation of the Academy.

2d. In the present state of medical science, tracheotomy is the remaining resource, after internal medication proves futile.

The importance of these authoritative decisions, especially in regard to the last subject, must not be overlooked; it legalizes the operation of tracheotomy in France.



## Medical News.

The Cincinnati Medical News says that a manufacturer and vender of patent medicines recently wrote to a person living out west, for a good strong recommendation of his "balsam," and received the following reply:

"As an evidence of its tremendous strength, I would say that it drew a likeness of my eldest son, drew a blister all over his belly, drew a load of potatoes four miles to market, and eventually drew a prize of ninety-seven dollars in a lottery."

"Dr. Schlosser, Surgeon Chiropodist to the principal sovereigns of Europe," is now in this city, trying, in a very disinterested way, to convince the public that all diseases originate in the toes and spread upward. We give him the benefit of an insertion of the following portion of his alarming advertisement in the daily papers:

"Most urgently do I recommend those who are afflicted with corns, however harmless they may appear, however easily removed, never to have recourse to the knife. The most appalling spasms, convulsions terrible to behold, and lock-jaw, have attended on the wounding a branch of a nerve by a common pen-knife, as also hemorrhage scarcely to be arrested."

"If I appear somewhat tedious in this matter, if I have been guilty of repetitions, I trust that I may be excused for an earnestness and an anxiety on a subject which I conceive of more importance almost than any rules I could lay down. It is a maxim I would have impressed on every mind—it is a sentence which should be repeated in the ear of every one suffering from corns—it is a voice which should be echoed back on every occasion—'Do not use a knife!' If, after such a warning, there should be any sufficiently venturesome to neglect it, the danger be on their own head, but repentance will come too late!"

An English paper says: "Ladislaus Magyar, a Hungarian, well versed in the natural history of Brazil, in the hope of reaching the interior of that country with more certainty, has married the daughter of the negro king of Bihe. Having, by this step, become General-in-chief of the armies of his father-in-law, he makes use of his newly acquired authority to facilitate his researches."

The greatest modern instance of sudden destruction of human life, occurred on the 22d of March last, when the entire city of Quito, South America, was destroyed by an earthquake, and five thousand persons, one-tenth of the whole population, were killed.

Professors Calvert and Johnson, of England, have recently made a series of experiments to determine, in an accurate manner, the relative heat-conducting power of metals, in order that a standard might be obtained from which calculations might in future be made, as the present data are not reliable. They present the following:

The relative conductibility, taking silver at 1000, is gold, 981; copper rolled, 845; copper cast, 811; mercury, 677; aluminium, 665; zinc rolled, 641; zinc cast vertically, 628; zinc cast horizontally, 608; cadmium, 577; malleable iron, 436; tin, 422; steel, 397; platinum, 380; sodium, 365; cast iron, 359; lead, 287; antimony cast horizontally, 215; antimony cast vertically, 192; bismuth, 61.

The *Druggists' Circular* says that the distinctions of professions in Japan are indicated by the manner of dressing the head; physicians shave off all their hair, while surgeons retain the whole.

## MARRIAGES.

MACAVOY—KILPATRICK.—On the 17th inst., at St. Michael's Church, by Rev. Father Loughlin, John Macavoy, M. D., to Miss Harriet, youngest daughter of the late Francis Kilpatrick.

EWING—PORTER.—On the 4th inst., at the residence of the bride's father, by Rev. Samuel Wilson, George C. Ewing, M. D., of West Liberty, Va., to Miss Jenny, daughter of M. B. Porter, Esq., of Luzerne, Fayette county, Pa.

## DEATHS.

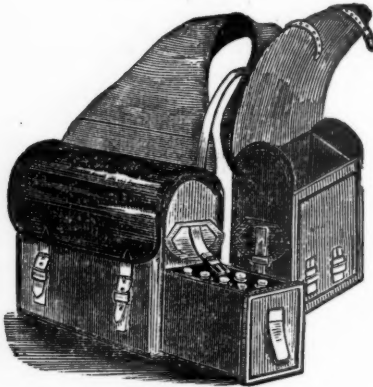
Wm. Walker, a chemist of Stockton, England, died recently in that town, aged seventy-eight years. He was the original inventor of friction matches, and was for a time the exclusive manufacturer. They soon received the notice of Professor Faraday, who directed public attention to them, and they came into general use, and were extensively manufactured.

McCLOSKEY.—In this city, on the 18th instant, James F. X. McCloskey, M. D., in the 39th year of his age.

# ADVERTISEMENTS.

## NATHAN STARKEY,

MANUFACTURER OF  
MEDICINE CHESTS,  
Medical Saddle Bags, Medical Pocket Cases, Portable  
Desks, Plate Chests, Gun and Pistol Cases.  
No. 116 South Eighth Street,  
Between Chestnut and Walnut Streets,  
PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

### Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11, " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

### Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

### Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 48 " " " 4 " "	19 00
No. 3, " 48 " " " 4 " "	17 50
No. 4, " 37 " " " 4 " "	13 50
No. 5, " 32 " " " 4 " "	12 50
No. 6, " 27 " " " 4 " "	10 50
No. 7, " 20 " " " " "	8 50
No. 8, " 15 " " " " "	6 50
No. 9, " 14 " " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mounting, and superior finish. 118

## J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,  
Trusses and Apparatus for Deformities, Splints,  
Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

### SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments. 118

## HOME FOR INVALIDS WITH DISEASES OF THE CHEST.

S. W. CORNER OF CHESTNUT AND PARK STREETS,

(On the route of Chestnut Street line of West Philadelphia Omnibuses and within one square of a Passenger Railway.)

### PHILADELPHIA.

This institution has been established with a view to combine all the best hygienic and medicinal means in the treatment of Diseases of the Chest.

Attending Physician,—GEORGE J. ZIEGLER, M.D.

Consulting Physician,—PROF. SAMUEL JACKSON, M.D.

Application for admission may be made to the Attending Physician daily, (Sundays excepted,) from 11 to 12 o'clock. Applications in writing, or letters of inquiry, may be addressed to

JAS. W. WHITE, Sec'y,

No. 107, t. f. Box 1738, Philadelphia P. O.

## D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,  
32 SOUTH NINTH STREET,

Two doors above Chestnut,

### PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

### REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.

Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.

H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.

Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.

Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.

S. Littell, M. D., Surgeon Will's Hospital.

E. Hartsborne, M. D., " " "

A. Hewson, M. D., " " "

D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.

R. J. Lewis, M. D., " " "

Isaac Hays, M. D., " " "

P. B. Goddard, M. D.